

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10684819 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1											
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TOTAL IND.											
TOTAL DEP.											
TOTAL 1 ST AMEND.											
1 ST AMEND. DEP.											

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. GOVERNMENT PRINTING OFFICE: 1950 14-1000